

COUNTY OF SAN DIEGO
(OPERATING EXPENSES)

Offeror:
Program:
Effective Date:

Line Item Budget Description/Justification

LINE ITEM: Salaries and Benefits	Total Amount
LINE ITEM: Building Rent or Lease	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Equipment Rental/Lease	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Building Repairs/Maintenance	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Equipment Repair & Maintenance	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Telephone	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Utilities	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Supplies, Minor Equipment	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Office Supplies	Total Amount
(Provide a Brief Description/Justification):	
LINE ITEM: Other Supplies	Total Amount
(Provide a Brief Description/Justification):	
LINE ITEM: Printing	Total Amount
(Provide a Brief Description & Justification):	
LINE ITEM: Insurance: Professional Liability	Total Amount
(Provide a Brief Description & Justification):	

LINE ITEM: Insurance: Other (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Consultants (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Staff Development/Training (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Accounting/Auditing/Legal Fees (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Other Business Services (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Travel Local (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Client Transportation (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Dues & Subscriptions (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Interest Expense (Provide a Brief Description & Justification):	Total Amount
LINE ITEM: Tax/License (Provide a Brief Description/Justification):	Total Amount
LINE ITEM: Other: Program Evaluation (Provide a Brief Description/Justification)	Total Amount